

School of Visual Arts Student Portfolio Rating Form

ATTACH INSIDE PORTFOLIO (TAPE ONLY THE TOP SHEET)

PLEASE PRINT CLEARLY

Student's Name _____ Age _____ Date of Birth _____ Gender _____

Home Street Address _____ City _____ State _____ Zip Code _____

Student Email Address (Please print clearly) _____ Student Cell Phone _____ Current Grade _____

Parent Name _____ Parent Home Telephone _____

High School _____ School Telephone _____ Art Teacher _____

High school art courses taken:

For Judge's Use Only

Rating of Portfolio (HIGH) 5 4 3 2 1 (LOW)

Consistency of interest and exploration _____

Demonstrates ability to deal with concepts/ideas _____

Degree of technical ability _____

Proficiency in a medium(s) _____

TOTAL _____

Overall Impression:

Adjudicator's Signature